



KEYNETON MOTORCYCLE CLUB
MEMBERSHIP FORM 2017

Please print clearly

NAME _____

POSTAL ADDRESS _____

STATE _____ POSTCODE _____

PHONE (Home) _____

(Mobile) _____

(Work) _____

EMAIL (please print clearly) _____

MEMBERSHIP (please circle)

JUNIOR (\$10) Over 18 (\$30) FAMILY (\$40) LIFE MEMBER

FAMILY MEMBERS

1 _____ DOB _____

2 _____ DOB _____

3 _____ DOB _____

4 _____ DOB _____

5 _____ DOB _____

6 _____ DOB _____

Discipline/s you will be competing in _____

Are you willing to help out at events when required? YES NO

In 2017 as a member you will be asked to help in some way for the 2017 (Moto) Trials Championships which our club will be hosting, Saturday September 30 & Sunday October 1

Cards will be available for collection at the clubrooms at the general meeting (last Tuesday of every month)

I agree to abide by the Keyneton Motorcycle Club constitution Yes No

(Sign) _____ DATE _____